# MULTIPLE DEPENDENT CLAIM
## FEE CALCULATION SHEET

| SERIAL NO. | | FILING DATE | |
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| APPLICANT(S) | | | |

**CLAIMS**

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
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| TOTAL IND. | 4 | ← | ↓ | ← | ↓ | ← | ↓ |
| TOTAL DEP. | 24 | | | | | | |
| TOTAL CLAIMS | 28 | | | | | | |